

Can my personality be a disorder?!



Personality Disorders
Chapter 14

How would you describe your personality?



Make a list of your personality characteristics. How would you describe yourself to a new friend?

THINK

A personality refers to a distinctive set of behavior patterns that make up our individuality.



Our personality consists of traits that vary based on the situation.



Defining Personality Disorders



Personality disorders are displayed in a wide range of social and personal contexts.

- Cause significant impairment in functioning.

They tend to be rigid, inflexible, and unable to respond to changes and demands of life.

Personality disorders represent a collection of distinguishable sets of behavior that causes distress, manifested in two of the following areas:



1. Cognition:(perception of self, people and events)
2. Affectivity: (range, intensity and appropriateness of emotion)
3. Interpersonal functioning
4. Impulse control

In other words, people with personality disorders behave in ways that do not fit with accepted social standards, and they are unable to adapt their behaviors to better suit their environments.

DSM-5 Personality Disorder Clusters



☞ The DSM-5 groups the 10 diagnoses into three clusters based on shared characteristics:

- Cluster A - The odd and eccentric behaviors
- Cluster B - The dramatic and emotional behaviors
- Cluster C - The anxious and fearful behaviors

☞ Cluster A- Odd or Eccentric Disorders:

- Paranoid- suspicious, distrustful, hostile attributions
- Schizoid- interpersonally and emotionally cut-off, constricted, unresponsive (the loner)
- Schizotypal- odd thoughts, feelings, behaviors, experiences, poor interpersonal functioning

☞ Cluster B-Dramatic, Emotional or Erratic Disorders:

- Histrionic- dramatic, attention-seeking, emotionally shallow
- Narcissistic- inflated sense of self-importance, entitled, low empathy, hidden vulnerability
- Antisocial- pattern of behaviors that disregard laws and norms and rights of others
- Borderline- instability in thoughts, feelings, behavior and sense of self

☞ Cluster C- Anxious or Fearful Disorders:

- Obsessive-Compulsive- rigid, controlled, perfectionistic
- Avoidant- fear of negative evaluation and abandonment
- Dependent- submissive, dependent on others for self-esteem, fear of abandonment

Alternative Personality Disorder Diagnostic System in Section 3 of the DSM-5



☞ Personality disorders are included in both Section II and Section III of the DSM- 5 due to the complexity of the disorder and various points of view on the disorder.

☞ Section II includes the updated diagnostic criteria.

☞ Section III includes the proposed research model for personality disorder diagnosis where it will receive further study and be revisited in the future.

- Within this framework, clinicians would have evaluated all clients on a consistent set of five personality traits.

Personality Disorder Prevalence

- ☞ Personality disorders are relatively common, found in approximately 9-10% of the general population.
- ☞ The personality disorder forms as the personality itself is developing, making these maladaptive patterns ingrained into the sense of self.
- Pinpointing the onset is also very difficult

Cluster A Personality Disorders

- ☞ Cluster A of the personality disorders in DSM-5 include those disorders characterized by eccentric behavior.
- ☞ In other words, individuals with these disorders show characteristics that might lead others to view them as slightly odd, unusual, or peculiar.

Cluster A Personality Disorders

- ☞ People with paranoid personality disorder are excessively mistrusting and suspicious of others without justification.
- ☞ They assume that people are out to trick or harm them, and they tend to not confide in others. Even events that have nothing to do with them are seen as personal attacks (Phillips & Gunderson, 2000).
- These people would view the neighbor's dog barking or a flight delay as a deliberate attempt to annoy them.


**STAY
PARANOID
AND
TRUST
NO ONE**

Schizotypal Personality Disorder

☞ This disorder is characterized by peculiarities and eccentricities of thought, behavior, appearance, and interpersonal style.

- Persons with this disorder have difficulty understanding their own sense of self and motivation as well as, the motives and behaviors of others.



Schizotypal Personality Disorder



☞ The personality traits fall along the extremely maladaptive end of psychoticism dimension

- Social isolation eccentricity, peculiar communication, and poor social adaptation place it within the schizophrenic spectrum

☞ These symptoms represent a latent form of schizophrenia, making people with this more vulnerable to the development of schizophrenia

Cluster B personality disorders



These behaviors include impulsivity, an inflated sense of self, and a tendency to seek stimulation.

Borderline Personality Disorder (Cluster B)

☞ This disorder is characterized by a pervasive pattern of poor impulse control and instability of personal relationships, self-image, and mood.

☞ A person with BPD may experience intense bouts of anger, depression, and anxiety that may last only hours, or at most a day.



Understanding BPD



☞ BPD is one of the most common personality disorders; it is seen in every culture.

- Lifetime prevalence in the U.S is 7%
- Within psychiatric hospitals and outpatient settings it is 15-20%

☞ This disorder affects men and women equally, but the presentation of symptoms varies by gender.

- Men more likely to have substance abuse and anti-social characteristics. Women are more likely to have mood and anxiety, eating disorders and PTSD

"But, it's a good pain..."



☞ People with BPD often engage in suicidal or self-mutilative behaviors:

- Cutting, burning or punching themselves
- Self-inflicted cigarette burns
- Carving initials into their arm



Self-injurious behaviors,
like cutting are
sometimes described as
“tension-reducing” for
those who report feeling
empty

Self-Injury



☞ There is a high rate of self-injury without suicide intent, as well as a significant rate of suicide attempts and completed suicide in severe cases.

- Approximately 75% of persons with BPD attempt suicide.

Theories on BPD



☞ Childhood sexual abuse may alter sympathetic nervous system that leads to hypersensitivity and impulsivity in adulthood.

- ☞ BPD symptoms are tied to a number of biological factors:
- Abnormalities in the amygdala and prefrontal cortex, areas of the brain involved in emotional processing and regulation.
 - People with BPD may also have abnormalities in neurotransmitters and hormones involved in regulating emotional responses and sensitivity to pain.

Researchers believe that BPD results from a combination of vulnerability to environmental stress as young children and a series of events that trigger the onset of the disorder as young adults.

Treatments for BPD



☞ Dialectical Behavior Therapy (DBT): Reduce the frequency of self-destructive acts and to improve the client's ability to handle disturbing emotions, such as anger and dependency.

☞ DBT clinicians teach their clients to balance their emotions, reason, and intuition as they approach life's problems.

Always Onstage

☞ Histrionic Personality Disorder involves a pervasive pattern of excessive emotionality, attention-seeking and exaggerated emotional response

- People with this disorder are overly dramatic and often seem like they are acting. Often expressing their emotions in an exaggerated fashion.

☞ They also tend to be vain, self-centered, and uncomfortable when they are not in the limelight



What is a Psychopath?



What personality traits would you expect a person with Anti-social Personality Disorder to have?

THINK

Antisocial PD



☞ Antisocial personality disorder is a condition in which people show a pervasive disregard for the law and the rights of others.

- The DSM-5 defined people who receive the diagnosis of antisocial personality disorder as highly impulsive and lacking in the capacity for regret over their actions.

☞ They may be able to understand the emotions of others, but they don't suffer any shame or guilt about the pain they may be causing.

Antisocial Personality Disorder



☞ The diagnostic criteria in the *DSM-5* require that an individual show a pervasive pattern of three out of seven possible behaviors:

1. Failure to conform to social norms
2. Deceitfulness
3. Impulsivity
4. Aggressiveness
5. Disregard for safety of self or others
6. Irresponsibility
7. Lack of remorse



For many, the qualities of an APD are reflected in acts that would be considered violations of the law, such as job problems, promiscuity, and aggressiveness.

Course of APD



- ☞ This disorder tends to emerge in childhood and continue throughout adulthood.
 - Researchers have found that uncontrolled children are more likely to meet criteria for APD and to be involved in crime as adults
- ☞ It is estimated that 40-75% of the prison inmate population meet criteria for APD.
 - The components of impulsivity, social deviance and anti-social behavior are less prominent in prison inmates who are in their mid-40s and older

Why do the symptoms change with age?

- ☞ *Maturation hypothesis* suggests that people with antisocial personality and the other Cluster B disorders become better able to manage their behaviors as they age.

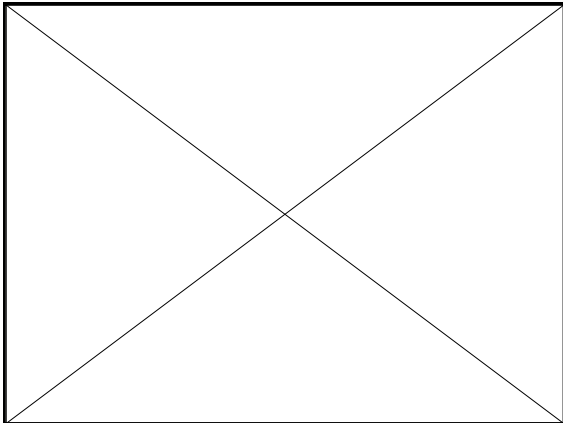


Review the next clip with the Ice Man as he describes the job of killing for the mafia



Take note of his disposition as he discusses in detail the awful crimes he committed.

THINK



Explaining and Treating Antisocial Personality Disorder



Explanations of antisocial personality disorder provide an especially good illustration of the principle of *multiple causality*.

- current evidence suggests that psychodynamic, cognitive behavioral, biological, and sociocultural factors interact to cause the disturbing behavior associated with this disorder.

Biological Theories on APD



Brain abnormalities:

- Hippocampal and frontal lobe functioning
- Problems with serotonin, norepinephrine and dopamine.



Psychological Perspectives on APD



- APD causes neuropsychological deficits reflected in abnormal patterns of attention and learning:
- People with APD lack normal fear response and do not learn from negative experiences (punishment/passive avoidance)
- Demonstrate difficulty processing negative emotional stimuli, such as a sad facial expression. This may keep people with APD from developing empathy and morality
- Individuals high on the trait of psychopathy are unable to pay enough attention to secondary cues to switch their attention when necessary.
 - They only pay attention when a reward is received, not punishment.

Cluster C personality disorders



Disorders that involve people who appear anxious or fearful and may seem highly restricted

Obsessive-Compulsive Personality Disorder



☞ A personality disorder involving intense perfectionism and inflexibility manifested in worrying, indecisiveness, and behavioral rigidity.

- OCPD is a disturbance of personality, not a disturbance involving anxiety or even out-of-control behaviors

☞ OCPD do not experience obsessions and compulsions. OCPD refers to this rigidly compulsive personality tendency and also obsessive concern with perfectionism.

Avoidant Personality Disorder



☞ The individual desires, but is fearful of, any involvement with other people and is terrified at the prospect of being publicly embarrassed

- People with avoidant personality disorder become extremely sensitive to rejection and ridicule, interpreting the most innocent remark as criticism.
- Withdrawn, unlikely to experience intimacy, and unable to feel pleasure.

What's Next?



☞ Schizophrenia and other psychotic disorders
